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CONFIRMATION NO. 5754

<b>SERIAL NUMBER</b> 10/812,702	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 4231/2055D
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**APPLICANTS**  
 Choong-Chin Liew, Toronto, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/802,875 03/12/2004 which is a CIP of 10/601,518 06/20/2003  
 which is a CIP of 10/268,730 10/09/2002  
 which is a CON of 09/477,148 01/04/2000 ABN  
 which claims benefit of 60/115,125 01/06/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/16/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 34	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 5
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
 29933

**TITLE**  
 coronary artery disease  
 Method for the detection of depression related gene transcripts in blood

<b>FILING FEE RECEIVED</b> 1041	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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